

THE DIVISION OF HEALTH OF MISSOURI  
 FILED MAY 27 1950 STANDARD CERTIFICATE OF DEATH

State File No. 18193

1444

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS MO</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS 2239</u>		d. STREET ADDRESS (If rural, give location) <u>2608<sup>a</sup> MINNESOTA</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2608<sup>a</sup> MINNESOTA</u>				d. STREET ADDRESS (If rural, give location) <u>2608<sup>a</sup> MINNESOTA</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EVA</u> b. (Middle) _____ c. (Last) <u>GASKO</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 17 1950</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JUNE 29 - 1892</u>	
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>HUNGARY</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		12. CITIZEN OF WHAT COUNTRY? <u>8</u>	
13a. FATHER'S NAME <u>DANIEL MADLER</u>			13b. MOTHER'S MAIDEN NAME <u>ELIZ. STREITMORTER</u>			14. NAME OF HUSBAND OR WIFE <u>CARL GASKO</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CARL GASKO 2608<sup>a</sup> MINNESOTA</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>occlusion of coronary arteries</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Arteriosclerotic coronary disease 5 years -</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>about Oct 1948</u> , to <u>May 17, 1950</u> , that I last saw the deceased alive on <u>about Dec 1947</u> , and that death occurred at <u>3 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Herbert B. Sweet</u> (Degree or title) <u>mo</u>				23b. ADDRESS <u>539 N. Grand St. Louis, Mo</u>		23c. DATE SIGNED <u>5-17-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 20 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>S. S. PETER + PAUL</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>	
DATE RECD BY LOCAL REG. <u>5/18/50</u>		REGISTRAR'S SIGNATURE <u>J. B. Lavater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Rutis 2906 Morris</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*[Handwritten signature]*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer *11*

Signed \_\_\_\_\_

*James E. Hill*

Licensed Embalmer No. \_\_\_\_\_

*4347*

P. O. Address \_\_\_\_\_

*2906 Graw*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.